

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

Project Address		Builder or Installer Name
Builder or Installer Contact	Telephone	Plan/Permit (Additions or Alterations) Number
HERS Rater	Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature	Date	Sample House Number
Firm	HERS Provider	
Street Address:	City/State/Zip:	

Copies to: **BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT**

HERS RATER COMPLIANCE STATEMENT

The house was: ☒ Tested ☐ Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked ☒ on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- ☐ The installer has provided a copy of CF-6R (Installation Certificate).
- ☐ New ducts are fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- ☐ New ducts with cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.).

☒ MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal) <input type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage < 6% [100 x [_____ (Line # 1) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [_____ (Line # 4) Minus _____ (Line # 5)] (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage < 6% [100 x [_____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out Use one of the following four Test Verification Standards for compliance:			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
9	Pass if Leakage Percentage < 15% [100 x [_____ (Line # 5) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [_____ (Line # 7) / _____ (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage > 100% [100 x [_____ (Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
	Pass if One of Lines # 9 through # 12 pass		<input type="checkbox"/> Pass <input type="checkbox"/> Fail